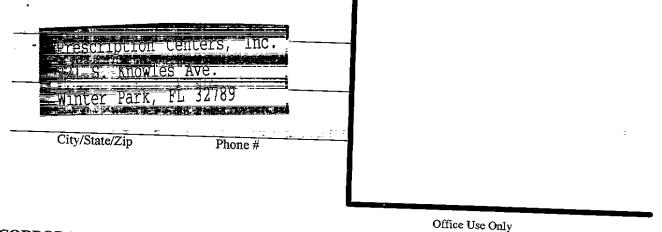
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CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1.	
(Corporation Name)	(Document #)
2. (Corporation Name)	(Document #) 400003333434 3
(Corporation Name)	******35.80 *****35.86 (Document #)
4. (Corporation Name)	(Document #)
☐ Walk in ☐ Pick up time _ ☐ Mail out ☐ Will wait	Photocopy Certified Copy Certificate of Status
NEW FILINGS	AMENDMENTS
Profit Not for Profit Limited Liability Domestication Other	Amendment Resignation of R.A., Officer/Director Change of Registered Agent Dissolution/Withdrawal Merger
OTHER FILINGS	Merger ASS REGISTRATION/QUALIFICATION
☐ Annual Report ☐ Fictitious Name	Foreign Limited Partnership Reinstatement Trademark Other

Examiner's Initials / 3/

ARTICLES OF DISSOLUTION OF PHARMVISTA INC.

Pursuant to the provisions of Sections 607.1402 and 607.1403 of the Florida Statutes, the undersigned Florida corporation hereby adopts the following Articles of Dissolution:

<u>ARTICLE I - NAME OF CORPORATION</u>

The name of the corporation is PHARMVISTA INC. (hereinafter referred to as the "Corporation").

ARTICLE II - DATE DISSOLUTION AUTHORIZED

The dissolution of the Corporation was authorized on 19 1h June 2000.

ARTICLE III - APPROVAL OF DISSOLUTION

The dissolution was unanimously approved by all of the shareholders of the Corporation by written consent dated 0.9200, 2000, pursuant to Section 607.0704 of the Florida Statutes, and the number of votes cast for dissolution was sufficient for approval.

ARTICLE IV - EFFECTIVE DATE OF DISSOLUTION

The Corporation shall be dissolved effective upon the filing of these Articles of Dissolution.

Dated this 19 day of June, 2000.

PHARMVISTA INC.

SECRETARY OF STATE ASSEE, FLORIDA